

At Anthem Blue Cross, we know that prescription drugs are the fastest-rising item of your total health care benefits cost. Reasons for the spiraling costs of prescription drugs are varied: a general increase of prescription medication use, an aging population, research and development of new medications and the expense of direct to consumer advertising. With prescription drug costs increasing at twice the rate of medical care, we developed ways to contain costs so your copays remain affordable, while maintaining your access to safe, effective prescription drugs. Our Prescription Drug Program provides you with choice, flexibility, affordability and access to an extensive network of retail pharmacies.

Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription – your copay – will be determined by whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication.

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication.

The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at www.anthem.com/ca under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at (800) 700-2541.

The following chart illustrates the relation between drug type and your copay amount at a participating pharmacy:

Drug Type	Copay Amount
Generic	\$10.00
Brand name formulary	\$20.00
Brand name non-formulary	\$30.00

Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by going to our Web site at www.anthem.com/ca.

An Extensive Network

Besides saving you money, our extensive network of pharmacies offers you easy accessibility.

- In California there are over 5,100 retail pharmacies. This accounts for nearly 95% of retail pharmacies in the state, including all major chains.
- Nationwide there are more than 61,000 chain and independent pharmacies.

Using a Participating Pharmacy

You can substantially control the cost of your prescription drugs by using our extensive network of participating pharmacies. Participating pharmacies have agreed to charge a discounted price or “negotiated rate” and pass along this savings to you.

Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. The pharmacist must sign and complete the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

Members that submit claims from non-participating pharmacies are reimbursed based on a **limited fee schedule**. The fee schedule may be considerably less than the cost of the medication. You are responsible for paying any difference.

The following chart illustrates potential increased out-of-pocket expenses for going to a non-participating pharmacy:

	Out-of-pocket costs using a participating pharmacy	Out-of-pocket costs using a non-participating pharmacy
Pharmacy's normal charge for brand-name formulary drug	\$50.00	\$50.00
You are responsible for:	\$20.00 copay	\$20 copay plus 50% of the limited fee schedule plus any amounts exceeding the fee schedule
Total out-of-pocket expenses	\$20.00	Expense varies based on the cost of the medication

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at www.anthem.com/ca.

Submitting a Claim Form

Check to see that all sections of the claim form are completed and mail to:

WellPoint NextRx
Attn: Anthem Blue Cross
P.O. Box 4165
Woodland Hills, CA 91365-4165

Mail Service Prescription Drug Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. Ordering your medications by mail is convenient, saves time and depending on your plan design, may even save you money. Besides enjoying the convenience of home delivery, you will also receive a greater supply of medications. To fill a prescription through the mail, simply complete the Mail Service Prescription form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at www.anthem.com/ca.

Once you complete the form, simply mail it with your copay and prescription in the envelope attached to the Mail Service brochure.

Please note that not all medications are available through the Mail Service Program. Specialty pharmacy drugs are not available through the mail service program, see Specialty Pharmacy Program below.

Out-Of-State Prescription Benefits

Our national network of participating pharmacies is available to members when outside California. To find a participating pharmacy, a member can check our Web site or call the toll-free number printed on the ID card. When using a non-participating pharmacy outside of California, the member will follow the same procedures for using a non-participating pharmacy in California as outlined above.

Additional Features That are Part of your Plan

Prior authorization as the term implies, is similar to prior authorization for medical services. Prior authorization applies to a select pool of medications that are often a second line of therapy. To require prior authorization, a drug must meet specific criteria. This criteria is based, among other things, on FDA-approved drug indications, targeted populations and the current availability of effective drug therapies. Prior authorization drugs are not covered unless you receive an approval from Anthem Blue Cross.

We distribute instructions on how to obtain prior authorization to physicians and pharmacies so that you may obtain prior authorization for required medications. You may call Pharmacy Customer Service, at the toll-free number printed on your member ID card, to receive a prior authorization form and/or list of medications requiring prior authorization.

Supply limits are the proper FDA recommendations for prescription medication dosage coupled with our determination of specific quantity supply limits to prescription medications. Although our standard pharmacy plans offer a 30-day supply for medications at a retail pharmacy, the supply limit can vary based on the medication, dosage and usage prescribed by your physician. For example, the supply limit for antibiotics used to treat an infection (e.g., 14 pills to be taken twice a day for one week) is different than blood pressure medication taken on a routine basis (e.g., 120 pills to be taken twice a day for 60 days). By adhering to specified supply limits, members are assured of receiving the appropriate amount of medication.

Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for a specialty pharmacy drug are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (see your EOC for details). The specialty pharmacy program will deliver your medication to you by mail or common carrier (you cannot pick up your medication).

You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program.

Specialty drugs are limited to a 30-day supply for each fill.

Programs for Member's Special Health Needs

We recognize that some of our members have unique health care needs requiring special attention. That's why we developed programs exclusively for them. Our additional medical management programs work in synergy with our pharmacy drug program to help members better manage their health care on an ongoing basis.

Diabetic members can receive **free glucometers** so that they can effectively and conveniently monitor their glucose levels.

Seniors can better monitor their chronic diseases and multiple medications through our **seniors-at-risk program**. This program reduces the possibility of toxic drug interactions, and curtails distribution of medications that may adversely affect the senior's chronic condition.

Asthmatic members and their families can take advantage of our program to better control the frequency and severity of the disease.

Members who take multiple prescription medications can take advantage of our pharmacy utilization management programs that encourage the safe, effective distribution of prescription medications. We have a program that protects the welfare of members with multiple prescription medications by carefully monitoring their prescription therapy to help reduce the danger of toxic drug interaction.

For additional information regarding your prescription drug benefits, please call Pharmacy Customer Service at the toll-free number printed on your member ID card.

Please refer to your Combined Evidence of Coverage and Disclosure Form which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.

Covered Services (outpatient prescriptions only)	Per Member Copay for Each Prescription or Refill
Retail Pharmacy	
➤ Generic drugs	\$10
➤ Brand name formulary drugs	\$20
➤ Brand name non-formulary drugs ¹	\$30
➤ Compound drugs	\$30
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay)
Mail Service	
➤ Generic drugs	\$20
➤ Brand name formulary drugs	\$40
➤ Brand name non-formulary drugs ¹	\$60
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay)
Specialty Pharmacy Drugs (obtained through specialty pharmacy program)	
➤ Generic drugs	\$10
➤ Brand name drugs	\$20
➤ Brand name non-formulary drugs ¹	\$30
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay)
Non-participating Pharmacies (compound drugs & specialty pharmacy drugs not covered)	Member pays the above copay plus: 50% of the remaining prescription drug covered expense & costs in excess of the maximum amount allowed
Supply Limits²	
➤ Retail Pharmacy (participating and non-participating)	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)
➤ Mail Service	90-day supply
➤ Specialty Pharmacy	30-day supply

¹ When the member's physician has specified "dispense as written" (DAW) for non-formulary drugs, the copay for brand name formulary drugs will apply. When the member's physician has not specified DAW for non-formulary drugs, the higher copay will apply.

² Supply limits for certain drugs may be different. Please refer to the Evidence of Coverage and Disclosure form (EOC) for complete information.

The Prescription Drug Benefit covers the following:

- Outpatient prescription drugs and medications which the law restricts to sale by prescription. Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to the copay for brand name drugs.
- Insulin
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications
- Prescription oral contraceptives; contraceptive diaphragms. Contraceptive diaphragms are limited to one per year and are subject to the brand name copay.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member. Drugs that have Food and Drug Administration (FDA) labeling for self-administration
- All compound prescription drugs that contain at least one covered prescription ingredient
- Diabetic supplies (i.e., test strips and lancets)
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for brand name drugs.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

Prescription drug copays are separate from the medical copays of the medical plan and are not applied toward the Annual Out-of-Pocket Maximums.

Prescription Drug Exclusions & Limitations

Immunizing agents, biological sera, blood, blood products or blood plasma

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications

Drugs & medications used to induce spontaneous & non-spontaneous abortions

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices

Professional charges in connection with administering, injecting or dispensing drugs

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC

Services or supplies for which the member is not charged

Oxygen

Cosmetics & health or beauty aids.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or Non-FDA approved investigational drugs. Any drugs or medications prescribed for experimental indications

Any expense for a drug or medication incurred in excess of (a) the drug limited fee schedule for drugs dispensed by non-participating pharmacies; or (b) the prescription drug negotiated rate for drugs dispensed by participating pharmacies or through the mail service program

Drugs which have not been approved for general use by the State of California Department of Health Services or the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Over-the-counter smoking cessation drugs. This does not apply to medically necessary drugs that the member can only get with a prescription under state and federal law.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another covered condition.

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants)

Drugs obtained outside the U.S., unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum

Infusion drugs, except drugs that are self-administered subcutaneously

Herbal supplements, nutritional and dietary supplements, except for formulas for the treatment of phenylketonuria.

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was in effective.

Compound medications obtained from other than a participating pharmacy. **Member will have to pay the full cost of the compound drugs if member obtains drug at a non-participating pharmacy.**

Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but, which are obtained from a retail pharmacy are not covered by this plan. **Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.**

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

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Anthem Blue Cross Formulary Drug List

Revised 10/2007



Introduction

Anthem Blue Cross uses a formulary (preferred list of drugs) to help your doctor make prescribing decisions. This list of drugs is updated quarterly, by a committee consisting of doctors and pharmacists, so that the list includes drugs that are safe and effective in the treatment of diseases. If you have any questions about the accessibility of your medication, please call WellPoint NextRx Customer Service at **(800) 700-2541**.

In most cases, if your physician has determined that it is medically necessary for you to receive a brand name drug or a drug that is not on our list, your physician may indicate "Dispense as Written" or "Do Not Substitute" on your prescription to ensure access to the medication through our network of community pharmacies, all newly approved FDA drugs with alternatives already on this list will require "Do not substitute" until they are approved by our committee.

Please ask your doctor or pharmacist to refer to the Anthem Blue Cross Outpatient Prescription Drug List for a complete listing of products.

Use of Generics

Generic drugs are safe and effective equivalents to brand name medications. In many cases,

if a generic equivalent is available for a brand name product, the brand name product will be considered non-preferred and the generic equivalent will be on the list. The FDA has endorsed the use of generic equivalents and has found their use to be safe and effective.

Certain medications possess narrow therapeutic dose response characteristics. For medications classified by the FDA as having a narrow therapeutic index (NTI), Anthem Blue Cross discourages the use of generic substitutions.

Prior Authorization

Anthem Blue Cross may require prior authorization of benefit (PAB) for certain drugs to provide a safe and affordable pharmacy benefit. Drugs which require PAB are often medications that are appropriate for only very specific medical conditions. If your physician believes that a medication requiring PAB is medically appropriate, he or she should contact WellPoint NextRx in order to initiate the Prior Authorization Process on your behalf. The list of drugs are subject to change so please call Customer Service at **(800) 700-2541** or check our website at **anthem.com/ca** to obtain a complete list of PAB drugs.

FORMULARY LIST

ANTI-INFECTIVE AGENTS

ANTIBIOTICS

Cephalosporins

Cefaclor (generic)
Cefdinir (generic)
Cefadroxil (generic)
Cefprozil (generic)
Cefuroxime (generic)
Cefpodoxime (generic)
Cephalexin (generic)
Cephadrine (generic)

Macrolides

Azithromycin (generic)
Clarithromycin XL (generic)
Erythromycin (generic)
Erythromycin/Sulfisoxazole (generic)

Penicillins

Amoxicillin (generic)
Amoxicillin/Clavulanate
(Augmentin/XR./generic)
Ampicillin (generic)
Dicloxacillin (generic)
Penicillin (generic)

Quinolones

Ciprofloxacin/XR (generic)
Levofloxacin (Levaquin)

Sulfonamides

Erythromycin/Sulfisoxazole (generic)
Sulfamethoxazole/Trimethoprim (generic)
Sulfisoxazole (generic)

Tetracyclines

Doxycycline hyclate (generic)
Minocycline (generic)
Tetracycline (generic)

ANTIFUNGAL AGENTS (ORAL)

Clotrimazole (generic)
Fluconazole (generic)
Griseofulvin (generic)
Itraconazole (generic)
Ketoconazole (generic)
Nystatin (generic)
Terbinafine (Lamisil/generic)

ANTI-MALARIALS

Chloroquine (generic)
Mefloquine (generic)
Primaquine (Primaquine)
Pyrimethamine (Daraprim)
Pyrimethamine/Sulfadoxine (Fansidar)
Quinine (generic)

ANTI-TUBERCULOSIS AGENTS

Ethambutol (generic)
Ethionamide (Trecator-SC)
Isoniazid (generic)
Pyrazinamide (generic)
Rifabutin (Mycobutin)
Rifampin (generic)

OTHER ANTI-INFECTIVES

Clindamycin (generic)
Iodoquinol (Yodoxin)
Metronidazole (generic)
Trimethoprim (generic)

ANTI-NEOPLASTIC AGENTS

All FDA-approved, self-administered injectable and oral anti-neoplastic agents are eligible for coverage under the prescription drug benefit. May be subject to PAB.

ANTIVIRAL AGENTS

Acyclovir (generic)
Amantadine (generic)
Ganciclovir (generic)
Interferon Alfa-2A (Roferon-A)
Interferon Alfa-2B (Intron A)
Interferon Alfa-2B/Ribavirin (Rebetron)
Interferon Alfacon-1 (Infergen)
Lamivudine (EpiVir HBV)
Peginterferon Alfa-2B (Peg-Intron)
Peginterferon Alfa-2A (Pegasys)
Ribavirin (generic)
Valacyclovir (Valtrex)
Valganciclovir (Valcyte)

AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS

ANALGESICS, NARCOTIC

Acetaminophen/Codeine (generic)
Aspirin/Codeine (generic)
Codeine Phosphate/Sulfate (generic)
Fentanyl (generic)
Fentanyl Citrate (generic)
Hydrocodone/Acetaminophen (generic)
Hydromorphone (generic)
Meperidine (generic)
Methadone (generic)
Morphine (generic)
Morphine Sulfate (MS Contin/generic)
Oxycodone/Acetaminophen (generic)
Oxycodone/Aspirin (generic)
Oxycodone (Oxycontin/generic)
Propoxyphene (generic)
Propoxyphene Compound (generic)
Propoxyphene/Acetaminophen (generic)

ANALGESICS, NON-NARCOTIC

APAP/Isometheptene/Dichlphen (generic)
 Acetaminophen/Caffeine/Butalbital (generic)
 Aspirin/Caffeine/Butalbital (generic)
 Ergotamine (Ergomar)
 Ergotamine/Caffeine (generic)
 Methysergide (Sansert)
 Rizatriptan (Maxalt/MLT)
 Sumatriptan (Imitrex)
 Tramadol (generic)
 Zolmitriptan (Zomig/ZMT)

ANALGESICS, NONSTEROIDAL**ANTI-INFLAMMATORY**

Diclofenac (generic)
 Etodolac (generic)
 Flurbiprofen (generic)
 Ibuprofen (generic)
 Indomethacin (generic)
 Ketoprofen (generic)
 Ketorolac (generic)
 Nabumetone (generic)
 Naproxen (generic)
 Naproxen/Lansoprazole (Prevacid NapraPac)
 Oxaprozin (generic)
 Piroxicam (generic)
 Sulindac (generic)

ANALGESICS, SALICYLATES

Aspirin (generic)
 Chol Sal/Magnesium Salicylate (generic)
 Diflunisal (generic)
 Salsalate (generic)

ANTICONSULSANTS

Carbamazepine (Tegretol/-XR/Carbatrol/generic)
 Clonazepam (generic)
 Diazepam (Diatat)
 Divalproex Sodium (Depakote/ER)
 Ethosuximide (generic)
 Felbamate (Felbatol)
 Gabapentin (Neurontin solution/generic)
 Tiagabine (Gabitriol)
 Levetiracetam (Keppra)
 Lamotrigine (generic/Lamictal)
 Phenobarbital (generic)
 Phenytoin (Dilantin/Phenytek/generic)
 Primidone (generic)
 Oxcarbazepine (Trileptal)
 Topiramate (Topamax)
 Valproic Acid (Depakene/generic)
 Zonisamide (generic)

ANTIPARKINSON AGENTS

Akineton (Biperiden)
 Amantadine (generic)
 Bzotropine (generic)
 Bromocriptine (generic)
 Carbidopa/Levodopa (generic)
 Entacapone (Comtan)
 Levodopa (Laradopa)
 Procyclidine (Kemadrin)
 Pramipexole (Mirapex)
 Ropinirole (Requip)
 Selegiline (generic)
 Trihexyphenidyl (generic)

ALZHEIMER'S AGENTS

Donepezil (Aricept)
 Memantine (Namenda)
 Rivastigmine (Exelon)

CEREBRAL STIMULANTS

Amphet Asp/Amphet/D-Amphet (Adderall XR/generic)
 Atomoxetine (Strattera)
 Dexmethylphenidate (generic)
 Dextroamphetamine (generic)
 Methylphenidate ER (Concerta/Methylin ER)
 Methylphenidate (generic)

MULTIPLE SCLEROSIS AGENTS

Glatiramer Acetate (Copaxone)
 Interferon Beta-1A (Avonex)
 Interferon Beta-1A (Rebif)
 Interferon Beta-1B (Betaseron)

OPIOID DEPENDANCE

Buprenorphine/Naloxone (Suboxone)
 Buprenorphine (Subutex)

PSYCHOTHERAPEUTIC AGENTS**Antidepressants**

Amitriptyline (generic)
 Bupropion/-XL (generic)
 Citalopram (generic)
 Desipramine (generic)
 Doxepin (generic)
 Escitalopram (Lexapro)
 Fluoxetine (generic)
 Fluvoxamine (generic)
 Imipramine (generic)
 Mirtazapine (generic)
 Nortriptyline (generic)
 Paroxetine (Paxil CR/generic)
 Phenelzine (Nardil)
 Sertraline (generic)
 Tranylcypromine (Parnate)
 Trazodone (generic)
 Venlafaxine (Effexor XR/generic)

Antimanic Agents

Lithium Carbonate
 (Eskalith-CR/Lithobid/generic)
 Lithium Citrate (Lithonate/generic)

Antipsychotic Agents

Aripiprazole (Abilify)
 Chlorpromazine (generic)
 Clomipramine (generic)
 Clozapine (Fazaclo ODT/generic)
 Fluphenazine (generic)
 Haloperidol (generic)
 Loxapine (generic)
 Mesoridazine (Serentil)
 Olanzapine (Zyprexa/Zydis)
 Perphenazine (generic)
 Pimozide (Orap)
 Prochlorperazine (generic)
 Quetiapine (Seroquel)
 Risperidone (Risperdal/-M)
 Thioridazine (generic)
 Thiothixene (generic)
 Trifluoperazine (generic)
 Ziprasidone (Geodon)

SEDATIVES, HYPNOTICS AND ANTI-ANXIETY

Alprazolam (generic)
 Buspirone (generic)
 Chloral Hydrate (generic)
 Chlordiazepoxide (generic)
 Clorazepate (generic)
 Diazepam (generic)
 Flurazepam (generic)
 Lorazepam (generic)
 Meprobamate (generic)
 Oxazepam (generic)
 Temazepam (generic)
 Triazolam (generic)
 Zolpidem (generic)

BLOOD MODIFIERS

Erythropoietin (Procrit)
 Filgrastim (Neupogen)
 Oprelvekin (Neumega)
 Pegfilgrastim (Neulasta)
 Sargramostim (Leukine)

CARDIOVASCULAR AGENTS**ANGIOTENSIN CONVERTING ENZYME INHIBITORS AND RECEPTOR BLOCKERS**

Benazepril/HCTZ (generic)
 Benazepril/Amlodipine (generic)
 Captopril/HCTZ (generic)
 Enalapril/HCTZ (generic)
 Fosinopril/HCTZ (generic)
 Lisinopril/HCTZ (generic)
 Losartan/HCTZ (Cozaar/Hyzaar)
 Moexipril/HCTZ (generic)
 Quinapril/HCTZ (generic)
 Ramipril (Altace)

Trandolapril (generic)
 Valsartan/HCTZ (Diovan/Diovan HCT)

ANTI-ADRENERGIC BLOCKERS

Doxazosin (generic)
 Prazosin (generic)
 Terazosin (generic)
 Tamsulosin (Flomax)

ANTIARRHYTHMICS

Amiodarone (Cordarone/Pacerone/generic)
 Digoxin (Lanoxicap/Lanoxin/generic)
 Disopyramide (generic)
 Flecainide (generic)
 Mexiletine (generic)
 Moricizine (Ethmozine)
 Procainamide (generic)
 Propafenone (generic)
 Quinidine Gluconate (generic)
 Sotalol (generic)

ANTICOAGULANTS/ANTITHROMBOTICS

Anagrelide (generic)
 Cilostazol (generic)
 Clopidogrel (Plavix)
 Dalteparin (Fragmin)
 Dipyridamole (generic)
 Enoxaparin (Lovenox)
 Fondaparinux (Arixtra)
 Pentoxifylline (generic)
 Ticlopidine (generic)
 Tinzaparin (Innohep)
 Warfarin (Coumadin/generic)

ANTILIPEMICS

Atorvastatin (Lipitor)
 Cholestyramine (generic)
 Colestipol (generic)
 Ezetimibe (Zetia)
 Fenofibrate (Tricor/generic)
 Gemfibrozil (generic)
 Lovastatin (generic)
 Niacin (Nicotinx/SloNiacin/Niaspan/generic)
 Pravastatin (generic)
 Simvastatin (generic)

BETA-ADRENERGIC BLOCKERS

Atenolol/Chlorthalidone (generic)
 Bisoprolol/HCTZ (generic)
 Carvedilol (Coreg/-CR)
 Labetalol (generic)
 Metoprolol/XL/HCTZ (generic)
 Pindolol (generic)
 Propranolol/XL/HCTZ (generic)
 Sotalol (generic)
 Timolol (generic)

CALCIUM CHANNEL BLOCKERS

Amlodipine (generic)
 Bepridil (Vasacor)
 Diltiazem (generic)
 Felodipine (generic)
 Nicardipine (generic)
 Nifedipine (generic)
 Nisoldipine (Sular)
 Verapamil (generic)

CENTRALLY ACTING ANTIHYPERTENSIVES

Clonidine (generic)
 Methyldopa (generic)

DIURETICS

Acetazolamide (generic)
 Chlorthalidone (generic)
 Ethacrynic Acid (generic)
 Furosemide (generic)
 HCTZ/Triamterene (generic)
 Hydrochlorothiazide (generic)
 Indapamide (generic)
 Methazolamide (generic)
 Metolazone (generic)
 Spironolactone/HCTZ (generic)
 Torsemide (generic)
 Triamterene (generic)

VASODILATORS

Hydralazine (generic)
 Isosorbide Dinitrate (Dilatrate SR/generic)

Isosorbide Mononitrate (generic)
Minoxidil (generic)
Nitroglycerin (Nitrostat/Nitrobid/
Nitrolingual Spray/generic)
Nitroglycerin (Nitrek/Nitro-Dur/generic)
VASOPRESSORS
Epinephrine (Epipen/Jr/Twinject)

CONTRACEPTIVES

Eth Estradiol/Desogestrel (Mircette)
Eth Estradiol/Desogestrel (Apri/generic)
Eth Estradiol/Drospirenone (Yasmin/Yaz)
Eth Estradiol/Ethinodioldiacetate (Zovia)
Eth Estradiol/Levonorgestrel
(Enpresse/Jolessa/Portia/Trivora/generic)
Eth Estradiol/Norelgestromin (Ortho-Evra)
Eth Estradiol/Norethindrone (Balziva)
Eth Estradiol/Norethindrone (Necon/generic)
Eth Estradiol/Norgestimate
(Trinessa/TriSprintec/generic)
Eth Estradiol/Norgestrel (Low-
Ogestrel/Ogestrel)
Norethindrone (Nora-BE)
EMERGENCY CONTRACEPTIVES
Levonorgestrel (Plan B)

DERMATOLOGICALS

ACNE

Adapalene (Differin)
Clindamycin (Cleocin T)
Clindamycin/benzoyl peroxide (Duac)
Erythromycin (generic)
Isotretinoin (generic)
Minocycline (generic)
Sodium Sulfacetamide (generic)
Tretinoin (generic)

ANTIBIOTICS/ANTIVIRALS

Acyclovir (generic)
Bacitracin/Polymyxin B (Bacitracin)
Mupirocin (Bactroban/generic)
Sodium Sulfacetamide (generic)

FUNGICIDES

Ciclopirox (Loprox)
Nystatin/Triamcinolone (generic)
Metronidazole
(Metrogel/MetroLotion/MetroCream)
Econazole (generic)
Ketoconazole (generic)

TOPICAL ANTI-INFLAMMATORY AGENTS

Low Potency

Desonide (generic)
Fluocinolone (generic)
Hydrocortisone (generic)

Medium Potency

Desoximetasone (generic)
Fluocinolone (Dermasmoothe F/S/generic)
Fluticasone (generic)
Mometasone (generic)
Prednicarbate (generic)
Triamcinolone (generic)

High Potency

Betamethasone Dipropionate (generic)
Fluocinonide (generic)

Ultra-High Potency

Augmented Betamethasone (generic)
Clobetasol (Clobex/generic)
Diflorasone (generic)

VAGINAL/RECTAL PREPARATIONS

Clindamycin (Cleocin)
Dienestrol (Ortho-Dienestrol)
Estradiol (Estrace/Estring/Vagifem)
Estrogens, Conjugated (Premarin)
Hydrocortisone (Cortifoam)
Hydrocortisone/Pramoxine
(Analpram/Proctocort HC/Proctocream HC/
Proctofoam HC)
Mesalamine (Rowasa)
Metronidazole (Metrogel-Vaginal)
Nystatin (generic)
Progesterone (Crinone Vaginal Gel)

Sulfanilamide (generic)
Sulfathiaz/Sulfacet/Sulfabenz (generic)

MISCELLANEOUS DERMATOLOGICALS

Calcipotriene (Dovonex)
Crotamiton (Eurax)
Fluorouracil (Fluoroplex/generic)
Imiquimod (Aldara)
Lindane (generic)
Masoprocol (Actinex)
Methoxsalen (Oxsoralen)
Permethrin (Elimite)
Pimecrolimus (Elidel)
Podofilox (Condylox)
Selenium Sulfide (Exsel)
Silver Sulfadiazine (generic)
Tacrolimus (Protopic)

ENDOCRINE AGENTS

ANTI-DIABETIC AGENTS-INJECTABLE

All forms of insulin are covered.

Exenatide (Byetta)
Pramlintide (Symlin)

ANTI-DIABETIC AGENTS-ORAL

Acarbose (Precose)
Acetohexamide (generic)
Chlorpropamide (generic)
Glimepiride (generic)
Glimepiride/Rosiglitazone (Avandaryl)
Glipizide (generic)
Glipizide/Metformin (generic)
Glyburide/Metformin (generic)
Glyburide/Micronized (generic)
Metformin (generic)
Miglitol (Glyset)
Nateglinide (Starlix)
Pioglitazone (Actos)
Pioglitazone/glimepiride (Duetact)
Pioglitazone/Metformin (ActosPlus Met)
Repaglinide (Prandin)
Rosiglitazone (Avandia)
Rosiglitazone/Metformin (Avandamet)
Sitagliptin (Januvia)
Sitagliptin/Metformin (Janumet)
Tolazamide (generic)
Tolbutamide (generic)

ANTI-DIABETIC SUPPLIES

Select blood testing supplies, such as glucometers, lancets, and test strips, may be covered. Accu-Chek and One Touch are the only test strips included on formulary. Quantity limits apply. Urine test strips are also a covered benefit. Lifescan (One Touch, One Touch Ultra)
Roche Diagnostics (Accu-Chek, Aviva)

GLUCOSE ELEVATING AGENTS

Diazoxide (Proglycem)
Glucagon (Glucagon)

ANTI-THYROID

Methimazole (generic)
Propylthiouracil (generic)

THYROID

Levothyroxine (Levothroid/Levoxyl/Unithroid/
Synthroid/generic)
Liothyronine (Cytomel)
Liotrix (Thyrolar)
Thyroid (Armour Thyroid)

OTHER ENDOCRINE AGENTS

Leuprolide (Eligard/Lupron/generic)

GASTROINTESTINAL AGENTS

ANTI-EMETIC/ANTI-VERTIGO

Dronabinol (Marinol)
Granisetron (Kytril)
Meclizine (generic)
Metoclopramide (generic)
Ondansetron (generic)
Prochlorperazine (generic)
Promethazine (Phenergan)
Scopolamine (Transderm-Scop)
Thiethylperazine (Torecan)
Trimethobenzamide (generic)

ANTI-SPASMODIC/GI MOTILITY

Belladonna/Phenobarbital (generic)
Clidinium/Chlordiazepoxide (generic)
Dicyclomine (generic)
Hyoscyamine (generic)
Propantheline (generic)

ANTI-ULCER

Cimetidine (generic)
Glycopyrolate (generic)
Lansoprazole (Prevacid)
Lansoprazole/Amox/Clarith (Prevpac)
Misoprostol (generic)
Nizatidine (generic)
Omeprazole (generic)
Pantoprazole (Protonix)
Ranitidine (generic)
Sucralfate (generic)

OTHER GI PRODUCTS

Balsalazide (Colazal)
Budesonide (Entocort EC)
Hydrocortisone (Cortifoam)
Lactulose (generic)
Mesalamine (Asacol/Canasa/Pentasa)
Olsalazine (Dipentum)
Pancreatic Lipase
(Creon/Pancrease/Ultrase/Viakase)
Sulfasalazine (generic)
Ursodiol (generic)

GLUCOCORTICOIDS

Dexamethasone (generic)
Fludrocortisone (Florinef)
Methylprednisolone (generic)
Prednisolone (generic)
Prednisone (generic)

GOUT THERAPY

Allopurinol (generic)
Colchicine (generic)
Colchicine/Probenecid (generic)
Indomethacin (generic)
Probenecid (generic)

HIV AGENTS

All oral and self injectable FDA-approved HIV agents are eligible for coverage under the prescription drug benefit. May be subject to PAB.

HORMONES

ANTI-ESTROGENS

Anastrozole (Arimidex)
Raloxifene (Evista)
Tamoxifen (generic)

ESTROGENS

Estradiol (generic)
Estradiol Patch (Alora/generic/Climara Pro/
Eslim/Estraderm/Vivelle/Dot)
Estrogens, Conjugated (Premarin/Low Dose)
Estrogens, Esterified (Estratab/Menest)
Estropipate (generic)
Synthetic conjugated estrogens (Cenestin)

ESTROGEN COMBINATIONS

Estradiol/Norethindrone Acetate (Activella)
Estrogen, Con/Medroxyprogesterone
(Prempro/Premphase)
Estrogen, Ester/Methyltestosterone (generic)
EthinyI Estradiol/Norethindrone Acetate
(Femhrt)

GROWTH HORMONE

Somatropin (Genotropin/Humatrope/Nutropin/
Nutropin AQ)

PROGESTINS

Desogestrel (Cyclessa)
Medroxyprogesterone (Cycrin/generic)
Megestrol (generic)
Micronized Progesterone (Prometrium)
Norethindrone (generic)
Progesterone (Crinone Vaginal Gel)

MISCELLANEOUS HORMONE PRODUCTS

Bicalutamide (Casodex)
 Cabergoline (Dostinex)
 Danazol (Danocrine)
 Desmopressin (Stimate)
 Finasteride (generic)
 Flutamide (Eulexin)
 Octreotide (Sandostatin)
 Oxandrolone (Oxandrin)
 Testosterone (Androderm/AndroGel/Testim)

IMMUNOSUPPRESSIVE AGENTS

All FDA-approved, self-administered injectable and oral immunosuppressive agents are eligible for coverage under the prescription drug benefit.

OPHTHALMICS**ALPHA-AGONIST**

Brimonidine Tartrate (Alphagan P)

PROSTAGLANDIN AGONIST

Bimatoprost (Lumigan)
 Latanoprost (Xalatan)

ANTI-INFECTIVE AGENTS

Chloramphenicol (generic)
 Ciprofloxacin (generic)
 Erythromycin (generic)
 Gentamicin (generic)
 Neomycin/Bacitracin/Polymyxin (generic)
 Ofloxacin (Ocuflox/generic)
 Polymyxin B/Trimethoprim (generic)
 Sulfacetamide (generic)
 Tobramycin (generic)
 Moxifloxacin (Vigamox)

ANTI-INFLAMMATORY AGENTS

Cromolyn (generic)
 Dexamethasone (generic)
 Diclofenac (generic)
 Fluorometholone (generic)
 Flurbiprofen (Ocufen)
 Ketorolac (Acular/LS)
 Ketotifen Fumarate (generic)
 Naphazoline (generic)
 Prednisolone (generic)

ANTI-INFECTIVE AND**ANTI-INFLAMMATORY COMBINATIONS**

Na Sulfacetm/Fluorometholone (FML-S)
 Na Sulfacetm/Prednisolone (generic)
 Neomy/Bacitracin/Polymyxin/Hydrocort (generic)
 Neomy/Polymyx B/Prednisolone (Poly-Pred)
 Neomycin/Dexamethasone (Neo-Dex)
 Neomycin/Polymyx B/Dexamethasone (generic)
 Tobramycin/Dexamethasone (Tobradex)

ANTIVIRAL AGENTS

Trifluridine (Viroptic)
 Vidarabine (Vira-A)

BETA-BLOCKERS

Betaxolol (Betoptic/S/generic)
 Carteolol (generic)
 Levobunolol (generic)
 Metipranolol (generic)
 Timolol (Betimol/generic)

MIOTICS

Brinzolamide (Azopt)
 Dorzolamide (Trusopt)
 Dorzolamide/Timolol (Cosopt)
 Pilocarpine (generic)

MYDRIATICS

Atropine (generic)
 Cyclopentolate (Cyclogyl)
 Homatropine (Isopto Homatropine)
 Phenylephrine (Neo-Synephrine)
 Tropicamide (Mydracyl)

SYMPATHOMIMETICS

Dipivefrin (generic)

OTICS**ANTI-INFECTIVE AGENTS**

Acetic Acid (generic)
 Acetic Acid/Benzethonium (generic)
 Ofloxacin (Floxin Otic)

ANTI-INFECTIVE AND**ANTI-INFLAMMATORY COMBINATIONS**

Ciprofloxacin/Dexamethasone (Ciprodex)
 Neomycin/Polymyxin/HC (generic)

RESPIRATORY**ANTI-ASTHMATIC AGENTS****Asthma Devices**

Asthma Spacer (Aerochamber/InspirEase/
 Optichamber)
 Peak Flow Meter (Personal Best/Pocketpeak)

Corticosteroids

Beclomethasone (QVAR)
 Budesonide (Pulmicort)
 Budesonide/Formoterol (Symbicort)
 Flunisolide (Aerobid/-M/Aerospan HFA)
 Fluticasone (Flovent)
 Fluticasone/Salmeterol (Advair / Advair HFA)
 Mometasone (Asmanex)
 Triamcinolone (Azmecort)

Sympathomimetics

Albuterol (generic)
 Formoterol (Foradil)
 Isoproterenol (generic)
 Levalbuterol (Xopenex HFA)
 Metaproterenol (generic)
 Albuterol (Proair HFA/Proventil HFA)
 Salmeterol (Serevent)
 Terbutaline (Brethaire)

Xanthine Derivatives

Aminophylline (Truphylline/generic)
 Theophylline (Theo-Dur/
 Theo-24/Uniphyll/generic)

OTHER AGENTS

Albuterol/Ipratropium (Combivent)
 Albuterol/Ipratropium (Duoneb/generic)
 Cromolyn (generic)
 Ipratropium (Atrovent/HFA)
 Montelukast (Singulair)
 Nedocromil (Tilade)
 Potassium Iodide (SSKI)
 Sodium Chloride (Broncho-Saline/generic)
 Tiotropium (Spiriva)
 Tobramycin (Tobi)

ANTI-HISTAMINES/DECONGESTANTS

Carbinoxamine/Pseudoephedrine/DM (generic)
 Fexofenadine (generic)
 Hydroxyzine (generic)
 Promethazine (generic)
 Pseudoephed/Brompheniramine (generic)

EXPECTORANT AND COUGH PRODUCTS

Benzonatate (generic)
 Guaifenesin/Codeine (generic)
 Guaifenesin/Codeine/Pseudoephedrine (generic)
 Guaifenesin/Pseudoephedrine (generic)
 Guaifenesin/Hydrocodone (generic)
 Hydrocodone/Homatropine (generic)
 Phenylephrine/Hydrocodone (generic)
 Promethazine/Dextromethorphan (generic)
 Promethazine/Codeine (generic)
 Promethazine/Phenylephrine (generic)
 Promethazine/Phenylephrine/Codeine (generic)

NASAL MEDICATIONS

Azelastine (Astellin)
 Fluticasone (generic)
 Mometasone (Nasonex)

SKELETAL AGENTS**ANTIRHEUMATICS**

Auranofin (Ridaura)
 Azathioprine (generic)
 Hydroxychloroquine (generic)
 Methotrexate (generic)

BONE ENHANCING AGENTS

Alendronate (Fosamax/-D)
 Calcitonin-Salmon (generic)
 Risedronate (Actonel/-with Calcium)
 Teriparatide (Forteo)

SKELETAL MUSCLE RELAXANTS

Baclofen (generic)
 Carisoprodol (generic)
 Cyclobenzaprine (generic)
 Diazepam (generic)
 Methocarbamol (generic)
 Tizanidine (generic)

URINARY AGENTS**ANTI-INFECTIVES**

Nitrofurantoin (generic)
 Sulfadiazine (generic)
 Sulfisoxazole (generic)
 Trimethoprim/Sulfamethoxazole (generic)

CHOLINERGIC AGENTS

Bethanechol (generic)
 Flavoxate (generic)

OTHER URINARY AGENTS

Phenazopyridine (generic)
 Oxybutynin (generic/-XL)
 Solifenacin (Vesicare)
 Tolterodine (Detrol/-LA)

VITAMINS AND ELECTROLYTES

Calcitriol (Rocaltrol)
 Dihydratachysterol (DHT)
 Ergocalciferol (Vitamin D/generic)
 Ferrous Sulfate/Folate/Vit B comp/C (generic)
 Folic Acid (generic)
 Multivitamins/Fluoride (generic)
 Multivits/Fe/Hematin (B-Complex Plus
 Vitamin/generic)
 Vit A, C & D/Fluoride/Iron (generic)
 Potassium Supplements (generic)
 Prenatal Vitamins

MISCELLANEOUS AGENTS

Alprostadil (Caverject/Edex)
 Etanercept (Enbrel)
 Cevimeline (Evoxac)
 Lanthanum Carbonate (Fosrenol)
 Leucovorin (generic)
 Methylergonovine (Methergine)
 Miglustat (Zavesca)
 Mycophenolate (Cellcept)
 Neostigmine (generic)
 Pyridostigmine (generic)
 Sodium Polystyrene Sulfonate (generic)
 Sevelamer (Renagel)
 Thalidomide (Thalomid)